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UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Ryan M. Flandro

Art Unit: 3679

In re:

Applicant: Frank KOPF

Serial No.: 10/009,224

Filed: November 8, 2001

REQUEST FOR RECONSIDERATION

January 26, 2004

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action of November 28, 2003,
please amend the application as follows:

U.S. APPLICATION NO. (IF KNOWN, SEE 10700922)		INTERNATIONAL APPLICATION NO. PCT/DE 01/00058		ATTORNEY'S DOCKET NUMBER 1813																															
20. The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) : <input type="checkbox"/> Search Report has been prepared by the EPO or JPO \$930.00 <input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) \$720.00 <input type="checkbox"/> No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) \$790.00 <input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$1,070.00 <input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$98.00 ENTER APPROPRIATE BASIC FEE AMOUNT =				CALCULATIONS PTO USE ONLY <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																															
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30				\$1,040.00																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 10%;">RATE</th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>12 - 20 =</td> <td>0</td> <td>x \$18.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td>0</td> <td>x \$80.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable). <input type="checkbox"/></td> <td>\$0.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$1,040.00</td> <td></td> </tr> </tbody> </table>				CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE			Total claims	12 - 20 =	0	x \$18.00	\$0.00		Independent claims	1 - 3 =	0	x \$80.00	\$0.00		Multiple Dependent Claims (check if applicable). <input type="checkbox"/>				\$0.00		TOTAL OF ABOVE CALCULATIONS =				\$1,040.00		\$0.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE																																
Total claims	12 - 20 =	0	x \$18.00	\$0.00																															
Independent claims	1 - 3 =	0	x \$80.00	\$0.00																															
Multiple Dependent Claims (check if applicable). <input type="checkbox"/>				\$0.00																															
TOTAL OF ABOVE CALCULATIONS =				\$1,040.00																															
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/>				\$0.00																															
SUBTOTAL =				\$1,040.00																															
Processing fee of \$130.00 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30				\$0.00																															
TOTAL NATIONAL FEE =				\$1,040.00																															
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input checked="" type="checkbox"/>				\$40.00																															
TOTAL FEES ENCLOSED =				\$1,080.00																															
				Amount to be refunded	\$																														
				charged	\$																														
<input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 19-4675 in the amount of \$1,080.00 to cover the above fees. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-4675 A duplicate copy of this sheet is enclosed.																																			
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																																			
SEND ALL CORRESPONDENCE TO:																																			
<div style="border: 1px solid black; padding: 5px;"> STRIKER, STRIKER & STENBY 103 EAST NECK ROAD HUNTINGTON, NEW YORK 11743 </div>			<div style="border: 1px solid black; padding: 5px;"> SIGNATURE MICHAEL J. STRIKER NAME 27233 REGISTRATION NUMBER NOVEMBER 8, 2001 DATE </div>																																

helpful in advancing this case to allowance, he is invited to telephone the undersigned at (631-549-4700).

Respectfully submitted,



Michael J. Striker
Attorney for Applicants
Reg. No. 27233

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